Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: APRIL 22, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed fusion left SI joint/minimal access technique/ SI bone IF use system with a C-Arm imaging (27280, 27216, 72202, E0111, 64561, 64581)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.6	27280		Prosp	1			Xx/xx/xx	1405000310001	Upheld
724.6	27216		Prosp	1			Xx/xx/xx	1405000310001	Upheld
724.6	72202		Prosp	1			Xx/xx/xx	1405000310001	Upheld
724.6	E0111		Prosp	1			Xx/xx/xx	1405000310001	Upheld
724.6	64561		Prosp	1			Xx/xx/xx	1405000310001	Upheld
724.6	64581		Prosp	1			Xx/xx/xx	1405000310001	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who reported an injury, which occurred on xx/xx/xx. She reported the onset of low back pain after she was involved in a motor vehicle accident.

An operative report was completed on February 18, 2014. Radiofrequency ablations were completed on the right at the L3-L4, L4-L5, and L5-S1 facet joints, for the treatment of lumbar facet arthropathy, sacroiliitis, lumbar radiculopathy, and lumbar disc syndrome.

Bilateral transforaminal epidural steroid injections at L3 through S1 were completed on March 18, 2014.

Radiofrequency ablations of the left L3 through S1 facet levels were performed on April 1, 2014.

On May 6, 2014, performed bilateral transforaminal epidural steroid injections at S1-S2 along with bilateral sacroiliac joint blocks.

Bilateral transforaminal epidural steroid injections at L3 through S1 were completed on May 27, 2014.

Additional bilateral transforaminal epidural steroid injections at S1-S2 with bilateral sacroiliac joint blocks were performed by on June 3, 2014. These procedures were repeated on June 10, 2014.

Bilateral transforaminal epidural steroid injections at L3 through S1 were repeated on June 24, 2014.

The injured employee was evaluated on October 7, 2014. A complaint of low back pain was reported. Tingling and numbness in both feet was reported. The current medications included Ibuprofen 400 mg, Cyclobenzaprine 10 mg, Tramadol 50 mg, and a compounded topical medication. The physical examination of the lumbar spine noted a restricted range of motion. There was normal motor strength in the lower extremities. The deep tendon reflexes were normal and symmetric in both lower extremities. The sensory examination was intact in both lower extremities. The assessments made were facet joint pain, and lumbar radiculopathy. Physical therapy was ordered, and the medications were continued. Electrodiagnostic testing was ordered. Left-sided facet joint blocks at L4-L5, and L5-S1 were also recommended.

Electrodiagnostic testing of the lower extremities was performed on November 4, 2014. Increased insertional activity of the L5 paraspinal muscles was noted bilaterally. The nerve conduction studies were within normal limits.

re-evaluated the injured employee on November 4, 2014. Continued back pain was reported. There was no change in the physical examination findings. It was noted that there was a good effect with the first diagnostic block of the facet joints at L4-L5. Therapeutic injections were recommended. A 60% improvement in symptoms was noted.

Left L4-L5 and L5-S1 facet joint injections were performed on November 20, 2014.

On December 2, 2014, improving symptoms were reported. No abnormal findings were noted upon physical examination. The assessment made was sacroiliac joint pain. It was noted that the first facet joint injection had not been very helpful. It was then noted that provocative testing of the sacroiliac joints was positive on the left. The neurologic examination was within normal limits. No further treatment of the facet joints was recommended. Physical therapy with an emphasis on sacroiliac joint stabilization was recommended. Left diagnostic sacroiliac joint blocks followed by right diagnostic sacroiliac joint blocks were recommended.

performed bilateral sacroiliac joint blocks on December 16, 2014.

On December 30, 2014, the injured employee reported to that the pain had resolved but then returned after the sacroiliac joint blocks. Bilateral therapeutic sacroiliac joint blocks were recommended.

On February 3, 2015, reported that the injured employee complained of ongoing pain over the left buttock area, which had progressively worsened after therapeutic injections to the left sacroiliac joint and physical therapy. A left sacroiliac joint fusion was recommended.

A Peer Review was completed on February 20, 2015. It was noted that the request for a left sacroiliac joint fusion was not appropriate, as there was no documentation of instability on imaging. It was noted that there was no improvement with the therapeutic blocks, which was a poor prognostic sign that fusion would improve the chronic pain.

On March 3, 2015, it was noted that a request for surgery had been denied. Continued left sacroiliac joint pain was reported. The injured employee was unable to stand or sit for long periods of time. Palpable tenderness was noted. There was a restricted range of motion of the lumbar spine, with positive provocative testing of the left sacroiliac joint. The diagnoses made were sacroiliac joint pain and instability. Surgical stabilization was again recommended.

A Peer Review was completed on March 17, 2015. It was noted that the requested the left side relaxant fusion was not recommended, as there had been no documentation of reasonable and/or comprehensive non-operative treatment failure. There should be documentation of trial and failure of recommended treatments for up to one year.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:
As noted in the Division-mandated Official Disability Guidelines, sacroiliac joint fusion would be recommended for the treatment of chronic sacroiliac joint pain lasting for years, when there has been a failure of non-operative treatment and that diagnosis has been confirmed by pain relief with intra-articular sacroiliac joint injections with a recurrence of symptoms.
The medical records provided for review indicated that the injured employee had a positive response to diagnostic injections of the bilateral sacroiliac joints; however, increased pain was reported after the therapeutic injection of the left sacroiliac joint. There was no documentation that the employee had completed an adequate course of rehabilitative therapy targeting the sacroiliac joint. The physical therapy notes provided for review were from November of 2014, which indicated that the facet joint pain was being treated. Additionally, she did not report the years of chronic pain related to the left sacroiliac joint, and as such, the request for a left sacroiliac joint/minimal access technique, with instrumentations/SI bone IF use system with C-arm imaging, SSEP neuromonitoring, and DME crutches is not supported.

Official Disability Guidelines Treatment – Integrated Treatment and Disability Duration Guidelines:

Hip & Pelvis (Acute & Chronic) Updated October 9, 2014

Indications for SI Joint Fusion:
Post-traumatic injury of the sacroiliac (SI) joint (e.g., following pelvic ring fracture), OR, ALL of the items noted below:
Failure of nonoperative treatment
Chronic pain lasting for years
Diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance – positive response to the injection was noted, and patient had recurrence of symptoms after the initial positive
Preoperative and postoperative general health and function assessed
Medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)